

SMALL CLAIMS WRIT AND NOTICE OF SUIT

JD-CV-40 Rev. 3-17
C.G.S. §§ 51-15, 51-345(g)

CONNECTICUT SUPERIOR COURT SMALL CLAIMS SESSION

Type or print legibly. This Writ and Notice of Suit must be served on (delivered to) the defendant(s) before filing it with the court. See Instructions to Plaintiff on reverse.

For Court Use Only
Do Not Write In This Space
Barcode Label Only

1.) Information that will determine where the trial will be

Services performed in WETHERSFIELD

2.) Is this a claim between a landlord and a tenant (renter)? ("X" one) ☐ Yes ☒ No

3.) If you answered "yes" to question #2 above, state the town where the rental premises is located:

Parties	Name (Last, First, Middle Initial) and Address of Each party (Number, Street, P.O. Box, Town, State, Zip, Country, if not USA)	Entity Type	Case Number
4. First Plaintiff	Name: CONNECTICUT EAR, NOSE & THROAT ASSOCIATES, P.C. Address: 988 Silas Deane Highway, WETHERSFIELD CT 06109 Telephone:	("X" One) <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input checked="" type="checkbox"/> DBA <input type="checkbox"/> Corporation	P-01
Additional Plaintiff	Name: Address: Telephone:	("X" One) <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Corporation	P-02
5.) Name, address and zip code of Attorney for Plaintiff(s) Patricia S. Rosenberg, Attorney At Law, P. O. Box 265, West Simsbury, CT 06092		Attorney's Juris number 100672	Telephone number (w/area code) 860-651-7063
6. First Defendant	Name: JAMES BENNETT Address: 177 Sigourney St., Hartford CT 06114 Telephone: (860)778-8463	("X" One) <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Corporation	D-01
Additional Defendant	Name: Address: Telephone:	("X" One) <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Corporation	D-02

For more than 2 plaintiffs/defendants, attach Continuation of Parties (form JD-CV-67) and "X" box. ☐

7.) If this claim is a consumer debt (a debt or obligation made primarily for personal, family or household reasons), give the reasons why you believe that the statute of limitations has not expired.

Plaintiff's services to defendant were rendered from 05/17/2018 to 05/17/2018.

8.) How did you check in the last 6 months that the address given for defendant(s) is accurate? "X" all boxes that apply and provide the dates that the address was checked.

- ☒ 1) I checked town or city records (for example, checking a street list or tax records); February 20, 2019 (date checked)
- ☐ 2) I checked with the Department of Motor Vehicles; (date checked)
- ☐ 3) I received correspondence (letters or other mail) from the defendant with that return address; (date checked)
- ☐ 4) I received other proof from the defendant that the address is current; (description of proof and date checked)
- ☒ 5) I mailed by first class mail, at least 4 weeks before this small claims action was filed, a letter to the defendant at the address used and the letter has not been returned to me by the United States Postal Service. February 20, 2019 (last date checked for returned letter)

9.) Amount claimed*

\$553.63

Plus Costs

- ☐ **Plus pre-judgment interest
- ☐ **Plus double damages for security deposit withheld

**If you check one or more boxes, you MUST explain how much you want for each item in section 10 below.

*The Amount Claimed may not be more than \$5,000.

Do not include amounts for pre-judgment interest or doubling the security deposit in this box.

To Defendant(s):

10.) You are being sued. The Plaintiff(s) claims you owe the above amount plus costs and pre-judgment interest and/or double damages for a withheld security deposit (if checked) for the following reasons:

The balance is for medical services on 05/17/2018 for JAMES. JAMES refuses to pay. Total: \$1063.00 -\$0.00 paid-\$ 581.58 adj.=\$481.42 balance. Per attached contract, atty. fees of 15% or \$72.21 have been added: \$481.42 balance + \$72.21 atty. Fee=\$553.63 total balance. C.G.S.§46B-37(b) permits this claim to be made against both spouses. Pursuant to C.G.S.§37-3, post judgment interest of 10% is requested. Defendants is/are not in the U.S. Military per the DOD report. This is an attempt to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.

The person signing below, being duly sworn, states that he or she has read the claim above and the information contained in this form and, to the best of his or her knowledge, information and belief, there is good ground to support the claim and the information is true.

Signed <i>Chantal Cavaliere</i> Subscribed and sworn to before me on (Date) 2/28/19	Type in name of person signing at left and title, if applicable Chantal Cavaliere, COLLECTIONS MANAGER	For Court Use Only (Date/Stamp)
Signed (Clerk, Notary, Commissioner of Superior Court) <i>Patricia S. Rosenberg</i>		
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/ .		

Distribution:

Original - Court

Copy 1 - Defendant

Copy 2 - Defendant

Copy 3 - Plaintiff

Print Form

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Post Form